

# Enrollment & Payment Workgroup

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SEPTEMBER, 10<sup>TH</sup> 2012  
2:30-4:30 PM

## Agenda

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Topic	Facilitator	Duration
<b>Welcome</b>	Brad Finnegan	10 Min
<b>Purpose of the Meeting</b>	Brad Finnegan	10 Min
<b>Enrollment Processing</b>	Brad Finnegan Lauren Schaub	30 Min
<b>Billing &amp; Payment Processing</b>	Brad Finnegan Don Cotery	20 Min
<b>Transaction Details</b>	Don Cotery Lauren Schaub	30 Min
<b>Questions and Next Steps</b>	Brad Finnegan	20 Min

## Introductions

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<b>Brad Finnegan</b>	Senior Policy Analyst, Enrollment Lead <i>brad.finnegan@hca.wa.gov</i>
<b>Lauren Schaub</b>	Enrollment IT Lead <i>lauren.schaub@hca.wa.gov</i>
<b>Don Cotey</b>	Integration Technical Lead <i>don.cotey@hca.wa.gov</i>

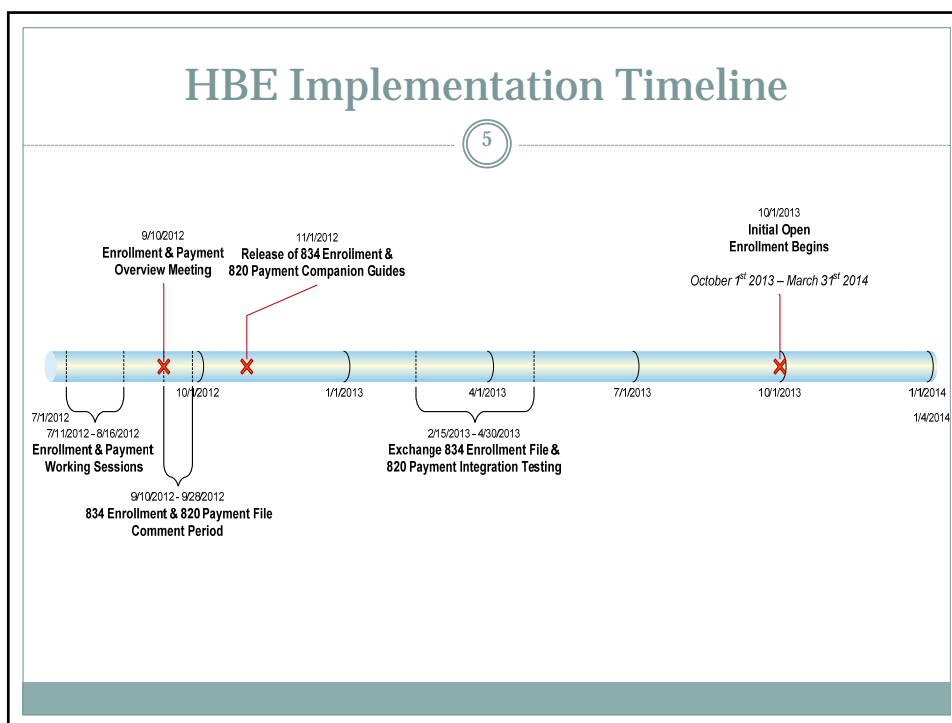
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## Purpose of Meeting and Documents

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- Culmination of series of meetings throughout July and August
- Process guide is intended to clarify the enrollment and payment business processes
- HBE plans to use ASX X12N Health Insurance Exchange Implementation Guides
  - Corresponding 834 Enrollment and 820 Payment transactions
- This is a draft—final version will be released on November 1, 2012

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## Process for Submitting Comment

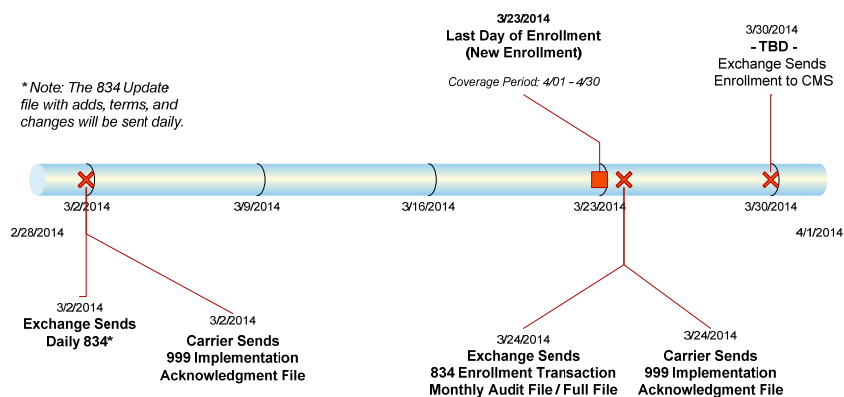
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- HBE is soliciting comments for the Enrollment and Payment Process Guide including specific feedback on the file Transaction Specifications (Section 9)
- Carriers have a 3 week review period to submit comments: 09/10/2012 – 09/28/2012
- To submit comments please return the attached form to [brad.finnegan@hca.wa.gov](mailto:brad.finnegan@hca.wa.gov)

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# Enrollment Processing

## Washington Health Benefit Exchange Individual Market Enrollment Schedule



## Enrollment Transactions

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- The Exchange will send a monthly 834 Enrollment Audit File to Carriers for each Qualified Health Plan. The Audit file will be sent on the first business day after the Enrollment Cutoff Date (23<sup>rd</sup> of the month).
- The Exchange will send a daily 834 Update that includes adds, changes, and deletes.

## Disenrollment

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- **Voluntary Disenrollment** can occur when an enrollee chooses to initiate disenrollment through the Exchange web portal as a result of :
  - The enrollee obtaining other minimum essential; or
  - An enrollee changes from one QHP to another during an annual open enrollment period or special enrollment period.
- **Involuntary Disenrollment** can occur when an enrollee fails to make their premium payment in a timely manner.
- In the case of fraudulent or incorrectly reported data, the Exchange may terminate an enrollee's coverage back to the effective date of coverage. Fraudulent or incorrectly reported data will be handled manually or through the reconciliation process.

## Reinstatement of Coverage

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- The Exchange will support reinstatement of health benefits during the annual Open Enrollment period or upon eligibility for a Special Enrollment period
- Some reinstatement eligibility determinations may be processed through a manual review from an internal Exchange team. This process is to be determined.

## Special Enrollment Events

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- Individuals will report qualifying events through the Exchange web portal.
- A qualified individual has a 60 day Special Enrollment period from the date of the qualifying event to select a QHP.
- The Exchange will allow qualified individuals and enrollees to enroll in or change from one QHP to another as a result of the triggering events listed in detail in the Process Guide

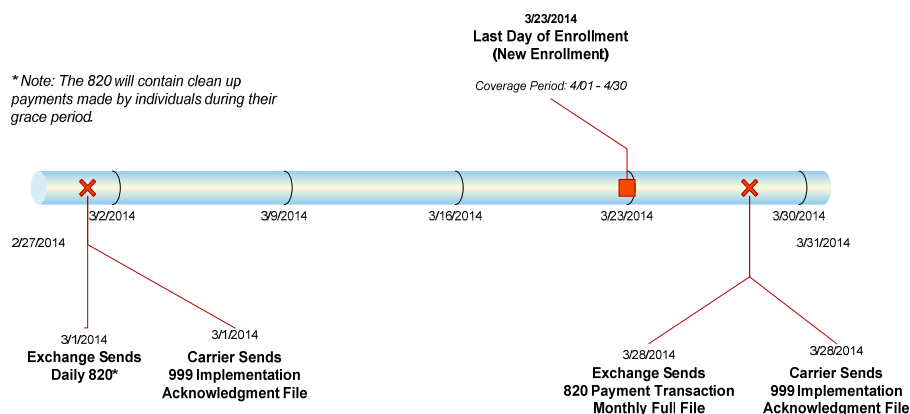
## Mid-Month Enrollment and Disenrollment

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- The Exchange will support mid-month enrollment only in the case of a qualified individual gaining a dependent through birth or adoption.
  - The effective date of coverage is the date of the qualifying event but not to exceed 60 days prior to the date that the event was reported.
- In the case that an individual elects to change from one QHP to another as a result of a qualifying event, the effective end date of coverage in the current QHP will be the day prior to the qualifying event.
- The Exchange will support mid-month terminations in the case of death. The effective end date of coverage will be the reported date of death.

# Payment Processing

## Washington Health Benefit Exchange Individual Market Payment Schedule

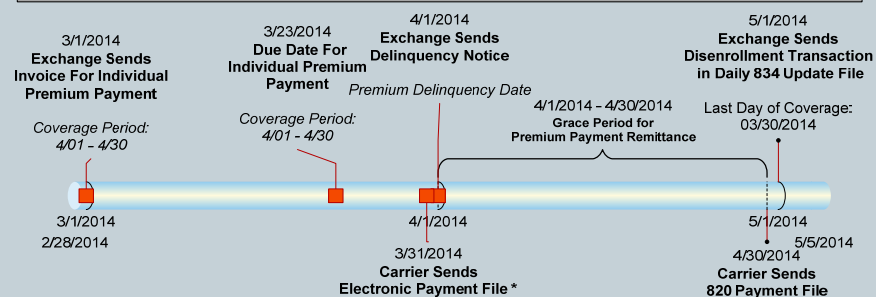


## Billing Schedule- Non-Subsidized

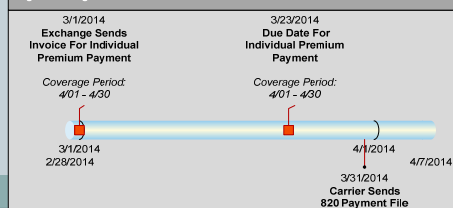
### Washington Health Benefit Exchange Individual Schedule

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#### Non-Subsidized Late Payment Billing Schedule



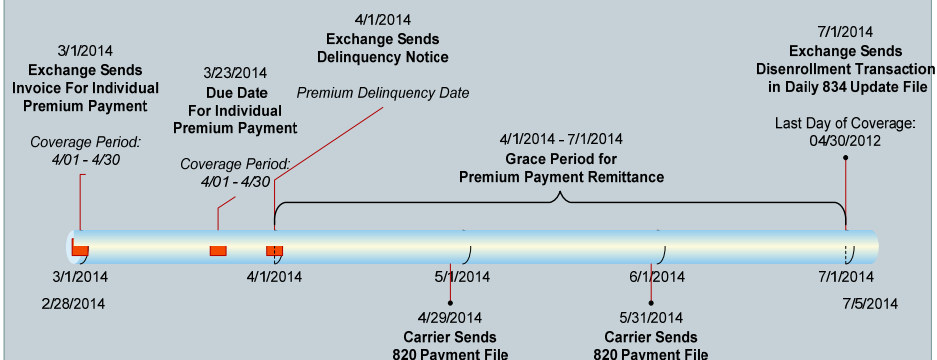
#### Regular Billing Schedule



\* Note: Carrier will send an Electronic Payment File to the Exchange to report premium payments made from the Individual directly to the Carrier

## Billing Schedule- Subsidized

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## Individual Premium Payments

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- The Exchange grants non-subsidized enrollees in the individual market a 30 day grace period beginning on the 1st of the month following a missed payment.
- If the 30 day grace period for unsubsidized individuals has been exhausted, the last day of coverage will be the last day of the month prior to the 30 day grace period.
- A grace period can only be applied to enrollees who are current on their past month's premium payment and the Exchange will not allow rolling grace periods.



## Individual Premium Payments

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- The Exchange grants subsidized enrollees in the individual market a 90 day grace period beginning on the 1st of the month following a missed payment.
- If the 90 day grace period for individuals receiving APTCs has been exhausted, the last day of coverage will be the last day of the first month of the 3-month grace period.
- The QHP will be expected to pay claims during the first month of a grace period, but may suspend claims in the second and third months.

## Payment Transactions

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- Carriers payment will be aggregated and paid once per month 5 business days after the Enrollment Cut-off Date for the following enrollment coverage period.
  - Each Carrier will receive a separate 820 file for each QHP within the Individual and/or SHOP market.
  - Actual payment will be sent via EFT to the Carriers. The corresponding EFT identifying number will be sent in the 820.
- The Exchange will collect and process daily premium payments past the cutoff date and provides 820 ASC X12 files to the Carriers.
- The US Department of Health and Human Services will coordinate payments of the advance premium tax credits and cost sharing reductions directly with the Carriers.

## Carrier Reporting Payment to the Exchange

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- The Carrier will report premium payments made from the individual directly to the Carrier by sending the Exchange an electronic file of payments received by the end of the month.
- The format of this file is currently under development.

## Reconciliation Process

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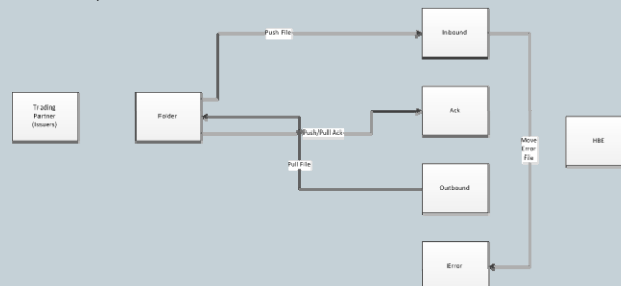
- The HBE expects Carriers to perform a reconciliation on enrollment and payment data at least quarterly, but the Carrier may perform this function monthly, if desired.
- The monthly 834 Enrollment Audit File enables Carriers to systematically compare QHP enrollment data with HBE enrollment data and to identify discrepancies.
- The detailed process for correcting incorrect enrollment data is being developed. The HBE welcomes comments to develop a simple streamlined process for ensuring data in all systems is accurate and timely.

## Technical Infrastructure and Procedures

- Set up for file processing – Contact Don Cotey  
[don.cotey@hca.wa.gov](mailto:don.cotey@hca.wa.gov)
- Transport mechanisms
  - Secure File Transfer (SFTP)
  - Web services will be explored in following phases
- Testing
  - Completion of testing process must occur before production transactions are allowed
- SFTP directory naming
  - Each Carrier will have a set of TEST folders and PROD folders

## Technical Infrastructure and Procedures

- **SFTP directory naming**
  - Each Carrier will have a set of TEST folders and PROD folders
  - Within these folders, we will have Inbound, Ack, Outbound, and Error folders



## Technical Infrastructure and Procedures

- **File naming conventions**

- For outbound transactions:

- ✦ <TPId>.<market>.<QHPIId>.<datetimestamp>.<TxID>.O
    - TPId is the Trading Partner Id
    - Market is “I” in Individual and “S” for SHOP
    - QHPIId is the Qualified Health Plan Id
    - Datetimestamp is the date timestamp
    - TxID is the Transaction Id (820/834)
    - O signifies outbound

- **Transaction standards**

- ASC X12 005010X306 standards

## Technical Infrastructure and Procedures

- **Acknowledgement procedures**

- The Exchange requires that Carriers send a response 999 acknowledgement for each transaction received
  - The Exchange will acknowledge files received with a 999 in the ‘ack’ folder

- **Rejected transmissions**

- The Exchange will put errors in the ‘Error’ folder

## Transaction Specifications

- **834 Enrollment Implementation Guide**

- The HBE is implementing the ASC X12 005010X307 version of the 834 implementation guide. This version is currently under public review. The HBE will update this process guide when the approved version is released.

- **820 Payment Implementation Guide**

- The HBE is implementing the ASC X12 005010X306 version of the 820 implementation guide. This version is currently under public review. The HBE will update this process guide when the approved version is released.

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Questions ?

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